



Georgia Families 360 Monitoring & Oversight Committee Meeting Minutes

March 30, 2015

I. Call to order

Marcey Alter called to order the regular meeting of the DCH Georgia Families 360° Program's Monitoring and Oversight Committee meeting at 09:40 am on March 30, 2015 at 2 Peachtree St, SW, Atlanta, GA 30303, in the 5th floor overflow conference room.

II. Welcome and Introductions

Committee members introduced themselves. The following Committee members were present:

- Director Bobby Cagle, DFCS
- Dr. Linda Wiant, DCH Medicaid Medical Chief
- Dr. Janice Carson, DCH Deputy Director of Performance, Quality and Outcomes
- Delegates Matt Yancey & Wendy Tiegreen, DBHDD
- Lynnette Rhodes, DCH Deputy Director of Medicaid Operations
- Delegate Paula Brown, DPH
- Delegate Dr. Debora Johnson, DHS
- Superintendent Richard Woods, DOE
- Delegate Keith Bostick, DECAL

Absentee Members: Commissioner Avery Niles, DJJ

Georgia Families 360° staff were introduced: Suzanne Lindsey, Director, Amani Mungo, Integrated Care Coordinator, and Michael Polynice, Program Development and Evaluation Specialist.



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III. Overview of Monitoring & Oversight Committee

Marcey Alter welcomed attendees to the first Committee meeting for the Georgia Families 360° Program's Monitoring & Oversight Committee (Committee). Ms. Alter explained to the Committee Members and audience that the presentation would be high level in nature and there would be restrictions on certain types of questions asked due to the DCH's Open Procurement process that is currently underway. The following overview information was presented:

- a) The Committee's role is to provide Operational oversight, to inform Quality Improvement strategies, to ensure program goals are met, to Monitor Transparency, and to identify areas for Focused Studies.
- b) Georgia Families 360° Program's differentiating characteristics from other managed care work include complex care coordination, intensive collaboration with child serving agencies, high focus on behavioral health, promotion of holistic planning, value based purchasing and the Monitoring and Oversight Committee.
- c) CMO Amerigroup Responsibilities include a more intensive and individualized approach across multiple domains: complex care coordination services, health risk screening, development of healthcare plans, medical and dental homes for each member, managing pharmacy benefits, ensuring timeliness of medical, dental and trauma assessments.

IV. Program Updates

Marcey Alter presented information regarding the Georgia Families 360° Program's Implementation Activities and Program Successes. She reviewed the Program's characteristics which include complex care coordination, intensive collaboration with child-serving agencies, a high focus on behavioral health, promotion of holistic planning, value based purchasing, and the Monitoring and Oversight Committee. Ms. Alter explained how the program is a unique model for care management for the



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population served, which are youth entering foster care, youth receiving adoption assistance and youth served by the juvenile justice system who are placed in non-secure community residential programs.

Ongoing operations were highlighted during the presentation that include continued ad hoc escalation calls to ensure care coordination services are being sustained and that members are receiving the appropriate services and integration of care. DCH continues to hold cadence meetings with stakeholders, sister-agencies and a weekly executive meeting with Amerigroup to keep abreast of any trends, emergent issues and current operational needs.

Ms. Alter presented information related to the screenings and assessments that Amerigroup is responsible for ensuring are completed within determined timeframes. In response to a question posed by DFCS Director Bobby Cagle, Ms. Alter explained that Amerigroup is performing the Health Risk Screenings within the thirty (30) days of the child coming into care. Additionally, Amerigroup through its provider network is to perform the medical assessment within 10 days, begin the trauma assessment within 10 days, with completion of the full CCFA within 20 days, and the dental screen within 10 days.

Members of the Monitoring and Oversight Committee also asked for the current compliance rate for the timeliness of intake assessments and also inquired as to the barriers that are impacting the timeliness. Ms. Alter responded that such data could certainly be shared in future committee meetings. As to the barriers, Ms. Alter explained they were complex and involved the timeliness by which Amerigroup Care Coordinators are notified that youth are coming into care, the timeliness of Medicaid application and eligibility determination for the children, and the timing of the assignment in the Medicaid system of the youth to Georgia Families 360°.

DFCS Director Bobby Cagle made an inquiry regarding eligibility/technical processing issues and asked if there is a method for assigning retroactive care to managed care. Director Cagle would like for the Committee to look at some sort of agreement with providers if there is no coverage by CMO wherein DFCS could cover cost in an



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exceptional case. Marcey Alter said the committee could discuss that further and explained that there is not a current method for assigning retroactive care through managed care policy and though these discussions had begun with the former DCH Medicaid Chief, Jerry Dubberly and that DCH will be able to continue this work with the new Medicaid Chief, Linda Wiant. DBHDD Delegate Wendy Tiegreen made a statement regarding identifying methods to ensure support systems aren't dropped during the transition of youth. She also stated that the Fee for Service network is much different than the care management network with Behavioral Health. She requested that the Committee place focus on these issues.

In continued updates around implementation, information was shared in reference to Psychiatric Residential Facilities. Ms. Alter relayed that DCH had engaged in negotiations with Amerigroup to collaborate and problem solve about protocols for discharges of youth from these facilities when they were no longer determined to meet level of care medical necessity criteria. Ms. Alter pointed to this as an important success in the Georgia Families 360° program as well as the reduction in the recidivism rate of youth readmitted to the PRTF. DBHDD Delegate, Wendy Tiegreen suggested the Psychiatric Residential Treatment Facilities medical necessity criteria may differ from year 2013 to present and there is a need to study this and be sure not to compare data that is not comparable. Ms. Alter indicated that the criteria was the same.

Ms. Alter discussed Amerigroup's outreach activities to coordinate intake assessments and Health Checks. Delegate Keith Bostick, DECAL wanted to know the results of the 16,000 calls generated from Amerigroup to assist in scheduling appointments and if there were barriers identified? DCH indicated those numbers could be shared in a future meeting and Amerigroup shared that barriers include wrong numbers, resistance from caregivers, and needing to make follow ups for missed appointments. Mr. Bostick also inquired to identify any other support systems or methods that may be needed to track trends for providers. Earlie Rockette, Amerigroup Georgia Families 360° Program Director answered that the Amerigroup Outreach Specialists are working diligently with adoptive parents, foster parents and community placement providers and that currently 89% of members scheduled by the Outreach Specialists are keeping their



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appointments. She also shared that Amerigroup reschedules appointments if they are missed and the rate is currently 95% compliance for rescheduled appointments.

Ms. Alter relayed there remained opportunities for getting up and running with the Georgia Health Information Network (GaHIN). DFCS Director Bobby Cagle wanted to know when DFCS case managers will gain full access to the GaHIN. Marcey Alter explained that for the larger hospital systems such as CHOA, Grady and Emory there is connectivity to the GaHIN. For DCH, the agency is a member of GaHIN and is in the final stages of developing a legally approved mechanism that will allow Medicaid providers to access GaHIN as an affiliate member through DCH. Suzanne Lindsey, DCH Georgia Families 360° Director shared that DFCS Case Managers are currently able to view Care Plans through the Connected Care site but some medical records information cannot be viewed in the system at this time. Ms. Alter shared that DCH continues to work through the Office of Health Information Technology to learn who we can better use and access GaHIN for continuity of care of Georgia Families 360° youth.

Amerigroup's Psychotropic Medication Coaches Program was reviewed and Amerigroup's Medical Director, Dr. Joel Axler, provided information about the goals of the program and how youth are being tracked. The program uses a claims-based analysis from which alerts are generated to providers to notify, for example, if there are multiple prescribers or when medication refills are due. The result of the program so far is that we have seen a 24% reduction in youth who are on one or more psychotropic medications.

While most of the tracking and trending for year two were transactional in nature, Ms. Alter shared information about the Program's ongoing focus moving forward into Year two of the program. Some of the examples of the ongoing programmatic focus include opportunities to enhance communication between the agencies and among stakeholders, creation of consistent continuity of care practices, and identification of non-traditional and specialty services.



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Larry Brown from Amerigroup/CMO shared three Anecdotal success stories for the Committee demonstrating how care coordination by Amerigroup provided the needed intervention for more expedient resolution of youth support needs and issues.

V. M & O Committee Operations

Ms. Alter stated that Members will serve for the duration of current Amerigroup contract which will end on June 30, 2016. On July 1, 2016, new contracts will be in place and DCH will determine in anticipation of that transition in what form the Monitoring and Oversight Committee will continue.

The Committee is scheduled by the Charter to meet Quarterly, though the group may decide to meet more often or hold subcommittee meetings in between.

Generally, the meeting agenda will typically address or involve:

1. Quality Strategy and measures
2. Report Analyses and Findings
3. Identifying focus research areas and associated data requests
4. Development of and information from Subcommittees
- 5.

VI. Adjournment

Marcey Alter thanked all for their attendance, indicated, DCH would be in touch with Committee members to schedule the next meeting, and adjourned the meeting at 11:12 a.m.

Minutes submitted by: Suzanne Lindsey, DCH Georgia Families 360° Director

Minutes approved by: Dr. Linda Wiant, DCH Medicaid Medical Chief